

Williamsburg Parks & Recreation



Youth Basketball Boys & Girls, Ages 6 - 12



Your age for this season is your age on March 1, 2004.
This program is for residents of Williamsburg, James City County and York County **ONLY**.



REGISTRATION: Registrations will be accepted at the Quarterpath Recreation Center from **September 15 to 30**. The Center is open Monday through Friday from 8:30 a.m. to 9 p.m., Saturdays from 9 a.m. to 6 p.m. and Sundays from 1 p.m. to 8 p.m.

GENERAL INFORMATION:

1. **Registration Fee:** \$40 for the first participant from each family and \$30 for each additional child. Each player will receive a t-shirt, a certificate and a team/individual picture.
2. Player requests for specific teammates **WILL NOT BE GUARANTEED!**
3. Player requests for specific coaches **WILL NOT BE GUARANTEED!**
4. **Practices Begin:** November 8
Games Resume: January 5

Games Begin: December 1 (break for the holidays December 18)
Games End: March 1



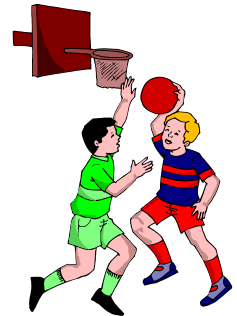
In order to speed up registration, complete the form on the back of this flyer prior to registration.

If you register by mail, please make check payable to Williamsburg Recreation, and mail to Williamsburg Recreation, 202 Quarterpath Road, Williamsburg, VA 23185.

Also, you will need to call the recreation department to get the skills test dates and times.



Williamsburg Recreation 259-3760



**DO NOT RETURN THIS FLYER
TO THE SCHOOL OFFICE.**

**Registration for Boys & Girls ages
13-17 will be held in November.**

The Williamsburg Department of Parks and Recreation does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities.

WILLIAMSBURG DEPARTMENT OF RECREATION

YOUTH BASKETBALL REGISTRATION FORM



PLAYER'S NAME: _____ BIRTHDATE: _____
OFFICE USE ONLY: Birth Certificate verified by _____

LIVES WITH: (Check one) Father Mother Both AGE: _____ SEX: _____
As of 3/1

SCHOOL PLAYER ATTENDS: _____ GRADE: _____

HEIGHT OF PLAYER: _____ feet _____ inches (Please be accurate)

BOYS LEAGUES

Boys 8-under Boys 14-under
 Boys 10-under Boys 16-under
 Boys 12-under

GIRLS LEAGUES

Girls 8-under Girls 14-under
 Girls 10-under Girls 16-under
 Girls 12-under

FATHER

NAME: _____
 STREET: _____
 CITY: _____ ZIP: _____
 Subdivision: _____
 HOME PHONE: _____
 BUSINESS PHONE: _____

MOTHER

NAME: _____
 STREET: _____
 CITY: _____ ZIP: _____
 Subdivision: _____
 HOME PHONE: _____
 BUSINESS PHONE: _____

I (We), the below-signed certify (1) That the above information is correct; (2) That in consideration and as a condition of the above identified registrant's participation in the Youth Basketball program, I agree to indemnify, defend and hold harmless the City of Williamsburg, its agents and employees from and against any and all liability from injury which I or my child may suffer as a result of or in any connection with or arising out of the registrant's participation in the above program; and (3) That the responsibility for carrying appropriate medical plans, including hospitalization lies with the below-signed parent/guardian.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

DEAR PARENT: We are always in need of volunteer help. Coaching takes only 2-3 hours each week and does not require extensive knowledge of basketball. Without volunteer coaches, the program would not be as successful. PLEASE INDICATE BELOW THE POSITION YOU WOULD BE WILLING TO ACCEPT.

HEAD COACH: _____

ASSISTANT COACH: _____

NAME: _____ PHONE NUMBER: Home _____
 Work _____

REGISTRATION FEE PAID \$ _____ Check _____ Cash _____ DATE _____

PAYMENT MUST ACCOMPANY REGISTRATION FORM